

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37482

State File No.

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3147		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. LENGTH OF STAY (in this place) 60yr		c. CITY (If outside corporate limits, write RURAL and give township) Webb City		0492	
d. FULL NAME OF HOSPITAL OR INSTITUTION 123 S. Oronogo St.				d. STREET ADDRESS (If rural, give location) 123 S. Oronogo St.			
3. NAME OF DECEASED (Type or Print) MYRTLE		a. (First) ELIZABETH		b. (Middle) TOLD		c. (Last)	
4. DATE OF DEATH November 14, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH November 13, 1873		9. AGE (If last birthday) 77		10. MONTHS 11		11. YEARS 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Tibbs		13b. MOTHER'S MAIDEN NAME No data		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Arthur Told			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatal Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Malnutrition & senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 31X				INTERVAL BETWEEN ONSET AND DEATH 15 min 25 yrs. 25 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>never</u> to <u>attended</u> , that I last saw the deceased alive on <u>Nov 13</u> , and that death occurred at <u>5:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE R. R. Sayler				23b. ADDRESS 110 N. Webb St.		23c. DATE SIGNED 11/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-16-50		24c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri	
DATE REC'D BY LOCAL REG. Nov 16-50		REGISTRAR'S SIGNATURE S. L. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-21-50
Jasper County Health Office

County File Number 50-11-836

Date Filed 11-21-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Leonard J. Lewis Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4561

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.